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MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Lila</u>	BUREAU OF VITAL STATISTICS		
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		
Town of _____	State Index No. <u>188</u>	County Registrar No. <u>680</u>	
or _____	Local Registrar No. _____		
City of _____	No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Hannah Mae Haight</u>		St. _____ Ward _____	
3. Sex of Child <u>Female</u>		If child is not yet named, make supplemental report, as directed.	
To be answered ONLY in event of plural births.		4. Twin, triplet or other <u>-</u>	6. Legitimate? <u>yes</u>
5. No., in order of birth <u>-</u>		7. Date of birth <u>Aug 29, 1924</u>	
FATHER		MOTHER	
Full name <u>Samuel Luke Haight Jr.</u>		Full maiden name <u>Lilla Belle Quinn</u>	
9. Residence (Usual place of abode) <u>Young, Ariz.</u>		15. Residence (Usual place of abode) <u>Young, Arizona</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>28</u> (Years)		17. Age at last birthday <u>32</u> (Years)	
12. Birthplace (city or place) <u>Payson</u>		18. Birthplace (city or place) <u>Violet</u>	
(State or country) <u>Arizona</u>		(State or country) <u>Miss.</u>	
13. Occupation <u>Cattleman</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>1</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead <u>-</u>			
(c) Stillborn <u>-</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>12:10 p.m.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>T. J. Harper, M.D.</u>	
Given name added from supplemental report _____		Address <u>Globe, Ariz.</u>	
Month, day, year. _____		Filed <u>9-8-24</u> <u>B. G. J. O'ay</u>	
Registrar. _____		Local Registrar. _____	
		County Registrar. _____	

883-829-365